

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
OLE K. NILSSEN CAESARA DRIVE BARRINGTON, IL 60010		INVENTOR'S NAME Olen K. Nilssen 408 Caesar Drive Barrington, IL 60010 City, State and ZIP Code	
08/227.999 04/15/94 012 RATLIFF 2505 12/12/95		INVENTOR'S NAME Street Address City, State and ZIP Code	
First Named Applicant NILSSEN, OLE K.		Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/227.999	04/15/94	012	RATLIFF	12/12/95

TITLE OF INVENTION: OPERATING CIRCUIT FOR GAS DISCHARGE LAMPS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	315-219-000	297	UTILITY	YES	\$625.00	03/12/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front
Ole K. Nilssen 408 Caesar Drive Barrington, IL 60010	page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: OLE K. NILSSEN

(2) ADDRESS: (CITY & STATE OR COUNTRY)

A. ☐ This application is NOT assigned.

☐ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date)

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S. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

1. CORRESPONDENCE ADDRESS

Box ISSUES FEE

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Washington, D.C. 20231~~

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DATE MAILED: EXAMINER AND GROUP A/T UNIT: (Date) TOTAL CLAIMS: FILING DATE: SERIES CODE SERIAL NO:

(Name of person making deposit)

Application
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DATE DUE	FEE DUE	SMALL ENTITY	APPL. TYPE	BATCH NO.	SI. ASS. S. REC. ASS.	STATUS DOCKET NO.

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1. The first step is to identify the main topic of the document.
 2. The second step is to gather all relevant information.
 3. The third step is to analyze the data and draw conclusions.
 4. The fourth step is to present the findings in a clear and concise manner.
 5. The fifth step is to review the document for accuracy and completeness.

0010 K. Missen
408 Caesar Drive
Barrington, IL 60015

Burden Hour Statement: This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Five, Washington, DC 20231.**

Issue Fee, _____

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THE COMMISSIONER OF PATENTS AND TRADE MARKS
REQUESTED TO REPLY TO THE ABOVE APPLICATION WITHIN TWO MONTHS

[illegible]

in interest by the record of the Patent and Trademark Office. Plaintiff's attorney is not a party to this case. The court will be requested from any other party.

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